Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Τ							
	UTILITY CARRIGATION		Docket No.	60,500-116					
11	APPLICATION ANSMITTAL	First Inv	entor	Christian Knöpfle					
3	INSMITTAL!	Title	SYSTEM AND	DEVICE FOR MEASURING BONE SCREWS					
<del> -</del>	onal applications under 37 CFR 1.53(b))		Mail Label No						
APPLIC	CATION ELEMENTS	ADI	ADDRESS TO: Commissioner for Patents P.O. Box 1450						
See MPEP chapter 600 conc	erning utility patent application contents		Alexandria, VA 22313-1450						
						<del>20</del>			
(Submit an origin  2.  Applicant claim    See 37 CFR 1.2  3.  Specification   (preferred arrang    Descriptive tit    Cross reference    Statement regar    Reference to see    Computer pro    Background of    Brief Summary    Brief Description    Detailed description    Claim(s)    Abstract of the  4.  Drawing(s) (35)  5.  Oath or Declaration    a.  Newly each    b.  Copy fro  (d))	[Total Pages (16)]  [Total Sheets (4)]  [Total Sheets (4)]  [Total Sheets (4)]  [Total Copy)  [Total Copy)  [Total Sheets (4)]  [Total Copy)  [Total Sheets (4)]  [Total Copy)  [Total Sheets (4)]  [Total Sheets (4)]	9. 10. 11. 12. 13. 14. 15	7. □ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. □ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. □ Computer Readable Form (CRF)  b. Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies); or ii. □ paper  c. □ Statements verifying identify of above copies  ACCOMPANYING APPLICATION PARTS  9. □ Assignment Papers (cover sheet & document(s)) 10. □ 37 CFR 3.73(b) Statement □ Power of Attorney (when there is an assignee)  11. □ English Translation Document (if applicable) 12. □ Information Disclosure Statement □ Copies of IDS (IDS)/PTO-1449 Citations 13. □ Preliminary Amendment 14. ☑ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. □ Certified Copy of Priority Document(s)						
Signe Name 1.63(d	ETION OF INVENTOR(S) d statement attached deleting inventor(s) d in the prior application, see 37 CFR l)(2) and 1.33(b). a Sheet. See 37 CFR 1.76	,	<ul> <li>(if foreign priority is claimed)</li> <li>16. ☐ Request and Certification under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</li> <li>17. ☐ Other: Check for the payment of the filing fee</li> </ul>						
preliminary amendm Continuation Prior application info For CONTINUATION of under Box 5b, is conside	ormation: Examiner or DIVISIONAL APPS only: The enti- red a part of the accompanying contin- te relied upon when a portion has beer  19. CORI	heet unde nuation-in-p. re disclosur nuation or d n inadverte RESPON	r 37 CFR. 76; art (CIP) of prior re of the prior application	r application no.:  Group Art Unit:  pplication, from which ation and is hereby inco the submitted applica  DRESS	an oath or declaration is rporated by reference. '	supplied The			
Name	William H. Honaker		•• • • • • • • • • • • • • • • • • • •						
Address	Howard & Howard & Howa	rd Attor	neys, P.C.						
City		State		Zip Code					
Country	Tel	ephone/	(248) 723-	0422 <i>Fax</i>	(248) 645-1568				
		//							
Name (Print/Type) Signature	William Fr. Honaker	Regist/	ation No. (Att	orney/Agent) / 31	,623				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

## CERTIFICATE OF EXPRESS MAILING

I hereby certify that the enclosed PATENT APPLICATION and fee is being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope as "Express Mail Post Office to Addressee" Mailing Label No. EV377751256US and addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria Virginia 22313-1450, on

Uny C. Downey

Amy C. Downey

PTO/SB/17 (05-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Application Number** 

Attorney Docket No.

F	E	ET	R/	٩N	SN	IIT	T	Ά	L
		fo	r l	FY	20	04	ļ.		

Patent fees are subject to annual revision.

770

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Signature

Filing Date		
First Named Inventor	Christian Knopfle	
Examiner Name		
Group / Art Linit		

60500-116

Complete if Known

	МЕ	THOD OF	DAVE	ENT (aba	-111	414								·
METHOD OF PAYMENT (check all that apply)									FEE C	ALCULATION (continued)				
□ Check □ Credit Card □ Money Order □ Other     □ Deposit Account □ None						3. ADI	DITIONAL Large Entity	. FEES	Small Entity					
Depo Acco		08-2	789						Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Num	ber								1051	130	2051	65	Surcharge - late filing fee or oath	
Depo	osit		_			_			1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Acco Nam		Howa	ard &	Howard	d At	torneys	, P.C.		1053	130	1053	130	Non-English specification	
The Director is authorized to: (check all that apply)							1812	2,520	1812	2,520	For filing a request for exparte reexamination			
☐ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge any additional fee(s) during the pendency of this application							1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
	ge tee(s) d deposit		below	, except fo	or the	filing fee	to the above	9	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
									1251	110	2251	55	Extension for reply within first month	
			FEE C	ALCULAT	ION				1252	420	2252	210	Extension for reply within second month	
1. E	BASIC FIL								1253	950	2253	475	Extension for reply within third month	$\vdash$
Large Fee		ee F	ntity ee	Fee Desc	riptio	n			1254	1,480	2254	740	Extension for reply within fourth	
Code			\$)				Fee Paid	_	1255	2,010	2255	1,005	Extension for reply within fifth month	
1001			85	Utility filing	j fee		770	_	1401	330	2401	165	Notice of Appeal	
1002	340 2	2002 1	70	Design fili	ng fee	9			1402	330	2402	165	Filing a brief in support of an appeal	
1003	530 2	2003 2	65	Plant filing	, fee				1403	290	2403	145	Request for oral hearing	
1004 1005			85 0	Reissue fi	·				1451	1,510	1451	1,510	Petition to institute a public use proceeding	
?	100 2	.000	•	1 10 11310116	31 431411	ig iee	<u> </u>	┙	1452	110	2452	55	Petition to revive – unavoidable	
7		SUB	TOTA	L (1)			(\$) 770	7	1453	1,330	2453	665	Petition to revive – unintentional	
							(4)		1501	1,330	2501	665	Utility issue fee (or reissue)	
2. EXT	RA CLAIM	FEES				_			1502	480	2502	240	Design issue fee	<del></del>
				Extra		Fee from	Fee		1503	640	2503	320	Plant issue fee	
				Claims		below	Paid		1460	130	1460	130	Petitions to the Commissioner	
Total Clain Independer	,	-20*	• =	0	] x [		= 0	7	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Claims	3	-3**	=	0	] × [	.0	= 0		1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent					X		= 0		8021	40	8021	40	Recording each patent assignment per property (times number of	
Large Fee	Entity Fee	Small Fee	Entit Fee	•									properties)	
Code	(\$)	Code	(\$)	Fee De	scrip	tion			1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1202	18	2202	9	Claims	in ex	cess of 20	)		1810	770	2810	385	For each additional invention to be	
1201	86	2201	43	•			excess of 3						examined (37 CFR § 1.129(b))	
1203	200	2203	145				im, if not paid		1801	770	2801	385 F	Request for Continued Examination (RCE)	
1204	86	2204	43	original	l pate	nt .	nt claims over		1802	900	1802	900	Request for expedited examination	-
1205	18	2205	9	over or			xcess of 20 ar	nd	Oth 6	/			of a design application	
SUBTOTAL (2) (\$) 0								Other fee (specify)						
			3		(4)	(4)	<i>,</i> 	] .		1	-1	-r	de CURTOTA (S)	
**or num	nber previou	ısly paid, if	greater	r; For Reiss	ues, s	ee above		<u>/</u>	Redu	ed by Ba	ISIC FIIIN	g ree Pa	aid SUBTOTAL (3) (\$) (	<u>'</u>
			_/						$/\!\!/\!\!/$					
SUBMIT	TED BY			/_									Complete (if applicable)	
Name (F	Print/Type)	V	Villia	n H. Mo	nak	e	//	Regis	stration N	o. Krome	y/Ageni	y 3·	1,623 Telephone (348) 645	5-1483

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.